

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Prison Health Services
Attn: Kim Jay
105 Westpark Drive, Suite 200
Brentwood, TN 37027

2. Article Number
(Transfer from service label)

7006 2760 0002 8193 1057

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kimberly Jay*☐ Agent☐ Addressee

B) Received by (Printed Name)

Kimberly Jay

C. Date of Delivery

*2-1-07*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes*06cv1033 show Cause Order*